



**City  
of  
Milwaukee**

# Plumber's Certificate of Insurance

Chapter 225-2(2)

Insurance Co.:

Address:

ISSUED TO CITY OF MILWAUKEE PLUMBING INSPECTION

The \_\_\_\_\_ Insurance Company hereby certifies that it has  
issued to Master Plumber: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

A contractor's general liability policy covering the calendar year 2008, providing for limits of not less than \$50,000 for each person injured and/or the property of any person damaged; provided, however, that the insurance afforded the insured is subject to the terms, conditions, limitations and exclusions of the policy.

In accordance with the liability limits hereinbefore enumerated, said policy provides coverage indemnifying and saving harmless the City of Milwaukee, State of Wisconsin according to Chapter 225- 2(2) of the Milwaukee Code of Ordinances against any and all liability for injuries and property damage resulting from negligence on the part of the insured, his agents, employees, and subcontractors.

Said policy provides that notwithstanding any other provision therein, ten (10) days' written notice of the cancellation, any material change, expiration, or intent not to renew will be given to the City of Milwaukee Plumbing Inspection at its office, 841 N. Broadway, otherwise such insurance as is afforded thereunder shall remain in full force and effect.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_.

Signed: \_\_\_\_\_  
Authorized Representative

of: \_\_\_\_\_  
Insurance Company/Surety

## **AFFIDAVIT**

STATE OF WISCONSIN )  
Milwaukee County)

ss. \_\_\_\_\_

(Authorized Representative's Name)

Being first duly sworn, on oath deposes and says that he is the agent of the \_\_\_\_\_

Insurer on the attached certificate issued to \_\_\_\_\_  
(Plumber's Name)

Affiant further deposes and says that no officer, official or employee of the City Of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee, or other thing of value on account of the sale or furnishing of said policy of insurance.

\_\_\_\_\_  
Authorized Representative

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public, Milwaukee County, Wisconsin

(Seal)

My Commission expires \_\_\_\_\_

Approved as to sufficiency of surety

\_\_\_\_\_  
Supervisor of Plumbing Inspection

Approved as to form of execution

\_\_\_\_\_  
Ass't City Attorney